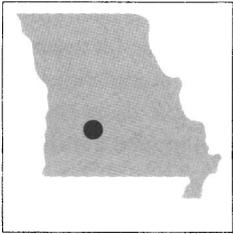


Osage Prairie Integrated Rural Health Project, Missouri

WILLIAM B. MEAD



With the help of a Rural Health Initiative grant from the Public Health Service, an imaginative young health administrator in southwestern Missouri has established a group practice that offers physicians most of the amenities, professional and personal, that usually are available only in an urban practice.

A physician and a dentist from the National Health Service Corps are among the practitioners recruited for the group practice, which is called the Osage Prairie Integrated Rural Health Project. Both have become involved in the medical and dental problems of the people in the area, are enthusiastic about their practices, and say that they might stay with Osage Prairie when their Corps terms expire.

The Osage Prairie practice is spread among five clinics, as much as 50 miles apart. Many residents of the area had not previously been exposed to routine, preventive medical and dental care and, thus, the practice includes a great deal of educational work. Teaching takes place with patients on a one-to-one basis, as well as with the community at large, through schools, service clubs, and other organizations.

The area is pleasant, with lakes and streams, and is moderately prosperous. There are two modern hospitals. The physicians cover for one another, and an office staff handles insurance, billing, and other administrative work. The Osage Prairie group practice would like to recruit more Corps members.

THE LAKE REGION OF SOUTHWESTERN MISSOURI does not fit the image of an area short of physicians. There are no ghettos, reservations, coal mines, or moonshine stills. The people are white, and most of them have jobs, pay their bills, drive cars, and vote Republican.

The countryside is rolling farm, ranch, and woodland, streaked with rivers and streams. People vacation on Lakes Pomme de Terre and Stockton, and more vacationers are expected when the Truman Reservoir is completed in a couple of years. The fishing and hunting are good. For bright lights, Kansas City is 100 miles to the northwest and Springfield, a pleasant city of 160,000 people, is 50 miles to the south.

El Dorado Springs, the area's principal town, has about 5,000 residents and is a market center for

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about 10,000 more. The Cedar Cafe serves tasty biscuits for breakfast and pies for lunch, the latter supplied on contract by gray-haired ladies who bake them at home. Two doors up from the Cedar, Earl Stockstill will give you a nice haircut for \$2.50.

In some ways, the people are spoiled. Take Cooper's Pharmacy, just across the street from the town park, where the old mineral spring still burbles. Cooper's has a genuine uncorrupted drugstore soda fountain, presided over by Orville Cooper, proprietor, pharmacist, and mayor. "Only place in town you can get a milkshake made with real ice cream," His Honor says.

Twenty-five miles to the east is Humansville, which was named not for the whole human race but for the town's founder, James C. Human. Humansville has 600 people, two pool parlors and one drugstore. It, too, has a bounteous and meticulously preserved soda fountain.

In short, there is nothing about the area to scare physicians away except its rural character. Yet physicians and dentists used to stay away

in droves, despite all kinds of lures. Hickory County, on Lake Pomme de Terre 20 miles east of Humansville, built a modern clinic much like a fur trader baiting a trap, but no physician could be coaxed inside. El Dorado Springs was a town where one physician did most of the work until he had a heart attack. Humansville was seduced and jilted by more medical men than a soap opera heroine.

Like many areas throughout the United States, the El Dorado Springs area had difficulty attracting physicians. But its medical situation has been turned around, and the area has become a model of rural health care improvement. In little more than a year, the number of physicians in El Dorado Springs and the surrounding countryside increased from five to seven, despite the death of one physician and the departure of another. Three more were being sought, and there was reason to believe that they would be found. A radiologist and a psychologist moved to El Dorado Springs, and the number of dentists

in the area increased from three to five.

Once shunned, the El Dorado Springs area has gained a reputation as a good place to practice medicine. The National Health Service Corps has contributed to this turnabout. But the change pivoted on an unfortunate event, and on the arrival of a man who at first seemed more likely to need medical help than to provide it for others.

The event was a coronary, suffered in 1968 by Robert L. Magee, M.D., the leading physician of El Dorado Springs and one of the area's prominent citizens. Magee had practiced nearly alone for 15 years, and the heart attack made him realize that he was overworked and in need of medical companionship.

Magee's needs epitomized the drawbacks of rural and small-town practice, and his career spans a generation of change in the way young physicians plan their careers. Magee came out of the Navy in 1954, looking for a place to practice. A physician had just retired in El Dorado Springs. It was familiar

country to Magee, who grew up in Springfield and took his internship and residency in Kansas City. So he hung up his shingle.

No one in town knew him, and in his first 5 months of practice, Dr. Magee grossed less than \$100 a month. Then things picked up, and kept picking up. Soon, he settled into a daily routine of getting to the hospital at 7 a.m., to the office by 10, home for supper, and out for house calls until 11 p.m. He was handling primary care, surgery, obstetrics, and whatever else his patients brought him. With no one to share calls, the obstetrical practice precluded vacations. "Someone was always overdue," he recalls.

"The worst thing was that I was medically lonely," he says. "I didn't have any other physicians to talk to. I did what was right or what was wrong. When you're alone, you have to handle it yourself. There's no one to ask for advice."

Civic leaders had been trying for years to attract more physicians, and several came, one at a time, but soon moved away. The fact that physicians were so badly needed only made them that much harder to get, and keep. Physicians have choices; why practice in a place with too many patients and too few colleagues?

After his coronary, Magee joined in the search, and found it difficult. "There's been a change over the last 20 years," he says. "The younger physicians are not satisfied with hanging out a shingle and building a practice. They expect an established practice, a good income, and other physicians to share coverage and to talk shop with."

The Organizer

The effort needed an organizer. One arrived, in July of 1976, in a wheelchair.

The organizer, James L. May, was 30 years old and had been a



Corps physician Blake Williamson examines patient in the clinic at Galmey

paraplegic since the age of 19, when two vertebrae were smashed in a traffic accident. Despite the handicap, he worked his way through the University of Missouri and undertook a career in health administration. In Springfield, he landed a job with a new agency funded by the Federal Government and the State of Missouri; its assignment was to establish ambulance service in 33 Missouri counties. May flew or drove to every one of them.

Next, he was hired as associate administrator of Cedar County Memorial Hospital in El Dorado Springs. The hospital has 34 beds, an emergency room open 24 hours a day, and modern facilities for surgery, laboratory work, and physical and respiratory therapy.

May's work in Springfield had taught him plenty about rural and small town health care shortages, so he was not surprised to find the El Dorado Springs area short of physicians. Nor was he blinded, as some people are, by the dream that some day an old-fashioned family physician or two would move to town, dis-

pensing expert care to all at standard fees and smiling amiably at a workload that would kill a horse.

"I'm a health planner at heart," May says of himself. He found a like-minded colleague in Kay Forest, the hospital's business office supervisor, and together they brainstormed. To attract physicians, rural medical practice had to be made as pleasant as urban practice. The solution, they decided, was to copy a page from the city physicians and establish a group practice.

Towns like El Dorado Springs aren't large enough to support a group of physicians, but nearby villages and the surrounding countryside were in even greater need of physicians. At first glance, the distances seemed imposing. One physician, covering for another on vacation, might have to split his time between clinics 50 miles apart. On the other hand, in the Missouri countryside that's an hour's drive, no more than many physicians endure every day in city traffic.

May had the same common-sense understanding of young physicians



James L. May, organizer and executive director of the rural health project, believes that copying the urban group practice model will help to attract physicians

as did Dr. Magee. His plan was based simply on giving physicians and their families decent professional amenities, a decent salary, and a decent life. "Physicians have been very reluctant to go into rural areas," May says. "It's not the money; a rural practitioner can make plenty. But they don't like the isolation, and they don't want to be burned out at 40 by overwork. A physician wants time for his family and himself just like anyone else."

Besides the isolation, May had heard many solo practitioners complain of the administrative burden. Whether an office has one physician or a dozen, there are endless forms to be processed for insurance, schools, Medicare, Medicaid, and the like. May and Kay Forest were veterans of the medical paperwork maze; they would handle that for the physicians, working from a central office that would coordinate the sprawling group.

In addition to hiring enough physicians to handle primary family care, May saw the need to employ specialists in psychology, radiology, nutrition, and family planning. With no one else available, rural patients tend to expect the family physician

to handle everything. Besides lacking the time, most physicians realize that they aren't trained as experts in psychology or nutrition. In urban areas, physicians routinely refer patients to specialists. Again May's group practice would copy the urban model.

May and Forest were convinced that such an enterprise could pay its own way. But it would lose money the first year or two, and the two young hospital officials lacked the resources to get the medical group started and on its feet. From his experiences in Springfield, May was disenchanted with Federal programs; many of them, he thought, funded wasteful projects and neglected worthwhile ones.

But May trusted the judgment of one veteran official in the Kansas City Regional Office of the Public Health Service, and turned to him for advice.

He told May of the Rural Health Initiative (RHI) program designed to bring primary health care to areas that don't have it. Money is granted for a few years only; the program must then be mature enough to pay its own way.

Not only did the program seem tailored to the El Dorado Springs area, but its requirements intrigued May and broadened his vision of what his medical group might accomplish. To obtain an RHI grant, an enterprise had to do more than put physicians in place. It had to reach into the community, determine the health needs of the people, and do its best to meet them. If a community had fallen behind on immunizations, it was up to the RHI-sponsored organization to find that out and do something about it. If there was a drug problem among teenagers, the organization would be expected to work with the schools to alleviate it. "I thought that was a fantastic idea," May recalls with a smile, "and I wish I had thought of it myself."

May and Forest labored over their detailed application, and were granted \$200,000 for the first year of operation. They named their non-profit creation the Osage Prairie Integrated Rural Health Project, using the name of the Osage Indian Tribe that had once populated southwestern Missouri.

Recruiting Physicians

The original boundaries of the Osage Prairie project encompassed about 16,000 people. But no sooner did May and Forest pitch their tent than medically starved refugees from the surrounding countryside began crowding in. Hickory County asked in, empty clinic and all. So did Humansville. Then from Osceola, 25 miles northwest of El Dorado Springs, came Wayne Morton, M.D., who liked Osage Prairie's administrative and group-practice support. Perhaps most important, Dr. Magee signed on, providing the fledgling organization with the blessing of the area's most prestigious physician.

In theory, the Osage Prairie project now encompassed much of four counties, 1,600 square miles altogether, with 26,450 residents and two hospitals. One was Cedar County in El Dorado Springs. The other was Sac-Osage Hospital of Osceola, a modern 45-bed facility with an emergency room, intensive care unit, pharmacy, and nursing home.

The area was designated critically short of medical and dental manpower, and May applied to the National Health Service Corps for physicians and dentists.

By that time, three physicians were practicing in El Dorado Springs; May sought one more. He also wanted a physician for the empty clinic in Hickory County, a physician to practice with Dr. Morton at Osceola, and a physician and a dentist for Humansville. He offered physicians a good salary and benefits that included 6 weeks of

vacation. After-hours calls would be shared, and the Osage Prairie staff would handle insurance, billing, and other administrative chores.

Not only would the physicians and dentists lead better lives than if they practiced alone, May told recruits; they would also have the satisfaction of practicing better medicine. The Osage Prairie project promised to hire enough practitioners for mutual counsel and to provide support personnel so the organization could act as catalyst for all primary health care in its area.

Toward this end, May recruited a board-certified radiologist, who divides his time between the hospitals in El Dorado Springs and Osceola, and a psychologist, who practices in El Dorado Springs.

He also brought in Bob Ranney, a social worker turned health administrator, who coordinates the project's growing involvement in the area's health affairs. Under his guidance, Osage Prairie is running, or planning, preventive health care programs for adolescents, young mothers, adults, senior citizens, and expectant parents. Osage Prairie also helped set up a local program to provide nutritious food to poor mothers and their babies, financed by the U.S. Agriculture Department's Women-Infants-Children (WIC) program.

These add up to an impressive group practice of community medicine. It was particularly appealing to Osage Prairie's first two recruits from the National Health Service Corps, Blake Williamson, M.D., and David Ehlert, D.D.S. Their aspirations met the needs of May, who had clinics to staff and a budget to balance. He was hiring physicians at \$45,000 a year, much more than could be netted from the clinics in Humansville and Hickory County at the start, while practices were building. With their government salaries, Corps members were ideal for those locations. Dr. Ehlert

was assigned to Humansville, where the town's sole dentist had more patients than he could handle. Dr. Williamson went to the clinic in Hickory County.

The two Corpsmen come from differing backgrounds. Williamson, tall, gangling and soft-spoken, grew up in small towns in North Dakota and Nebraska, took his undergraduate and medical training at the University of Nebraska, and intended from the start to establish a rural practice. For a taste of city life, he interned at the Public Health Service hospital in Boston. Ehlert, who sports a blond beard and a ready smile, is from Madison, Wisc. He was graduated from the University of Wisconsin and took his dental training at Marquette University in Milwaukee. Ehlert chose Humansville partly because he wanted to sample rural life.

The Dental Practice

The Osage Prairie Project rented Humansville's small hospital, which had been closed since going bankrupt in 1977. Space for a physician was allocated on the first floor and for Dr. Ehlert on the second. The Corps supplied his dental equipment. There was space to squander, and he has a big office in addition to the dental operatory. He has a chairside assistant but does the X-rays and hygiene treatment himself.

Ehlert's arrival roused members of the dental establishment of Springfield and Bolivar, Mo., where many Humansville area residents had been going for dental care. Through the Missouri Dental Association, they protested the intrusion of a Federal dentist. Dr. Ehlert, however, was soon too busy to notice.

Within 6 months of opening the practice in October of 1978, Ehlert was seeing seven or eight patients a day, he had screened the public

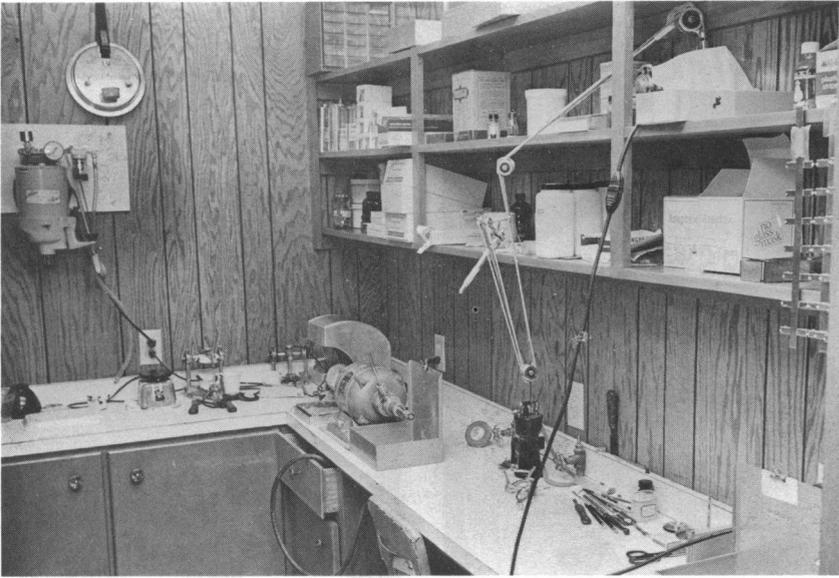
school children of Humansville, and he was learning to gently lecture people twice his age on the benefits of flossing, brushing, and other preventive practices. "Some people like it, and some are insulted," Ehlert says. "A lot of people have assumed that their teeth will go as they get older, and I try to tell them that it doesn't have to work that way. Yesterday I told a guy, 'You never have to have another toothache.' He wouldn't believe it."

Partly because the lakes have attracted retirees, 21 percent of the people in the Osage Prairie region are 65 or older, nearly double the nationwide ratio. Older people tend to be less willing to travel long distances, so both Dr. Ehlert and Dr. Williamson find themselves tending patients who have had only emergency care. "Dentistry has to be available so people will come when it *doesn't* hurt," says Dr. Ehlert.

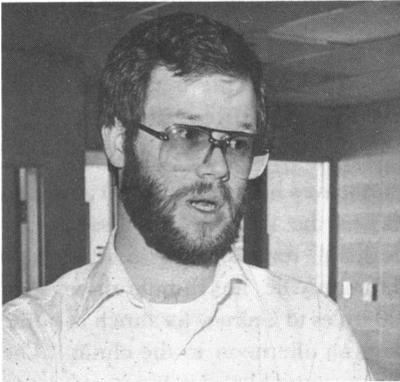
He already is thinking of staying in Humansville when his Corps term expires in 1980 — and seems a little surprised himself that he likes it so much. Dr. Ehlert is single, lives in a mobile home, cooks his own meals, and finds few diversions in Humansville. But he grew up in lake country and delights in the canoeing, fishing, swimming, and hiking that are so readily available nearby. More important, he is enthusiastic about his growing practice.

"In a small town with a limited population, a dentist can see some results," he says. "Give us 10 years and I think we'll see some definite improvement. We'll be able to say that we effected a change in the dental health of the people here. You can't have that kind of impact in a city.

"Professionally, this is a good situation," he continues. "Being on a salary allows you the freedom to interact with your patients. I don't have to hustle patients in and out to make ends meet. Part of the problem of getting dentistry into the rural



Dental suite in the small hospital in Humansville, where Dr. David Ehlert, NHSC recruit, works with chairside assistant. Ehlert is enthusiastic about his growing practice



areas is economics. It costs upwards of \$70,000 to get a practice started. That's almost prohibitive in a rural area. There just isn't as much money here, and the banks aren't as willing to lend that kind of money as they are in a city.

"With a dental practice, you start kind of slow anyway. Give it 3 or 4 years, and you'll probably do all right. I didn't have to stretch myself that way, because the Corps bought all my equipment. My term runs out in 1980, and if I decide to stay, my practice will be established by then."

Ehlert works from 8:30 a.m. until 5 p.m. Monday, Wednesday, and Friday. He also works from noon

until 8:30 p.m. on Tuesdays and Thursdays and finds those evening appointments the first ones booked.

The Medical Practice

Medically, Humansville's troubles started with the retirement about 1965 of George Gaylord Robinson, M.D., who by all accounts was so good, kindly, and distinguished that he should have played Dr. Welby on television.

To put it mildly, Dr. Robinson's successors did not measure up. One went up on abortion charges and another pleaded no contest on five counts of Medicare fraud. Another physician was judged competent but too eccentric. He wore jumpsuits and sneakers to work, called elderly patients by their first names, and liked to put people on. When he decided to leave Humansville, the weekly newspaper in a nearby town inquired where he was going. "To join the circus as a trapeze artist," the physician said, embellishing the story with considerable detail.

Another physician who practiced briefly in Humansville was R. Bernard Finch, who came there from El Dorado Springs. In fact, Dr. Finch had made El Dorado Springs na-

tionally known as a town desperate for physicians. In 1969, El Dorado Springs sent five civic leaders to Chino, Calif., where they described their town in glowing terms to Dr. Finch. He had plenty of time to listen and said that he would much prefer southwestern Missouri to his abode at the time, which happened to be a State prison. Dr. Finch was serving a life sentence for the murder of his wife. He was paroled, worked up a good practice in El Dorado Springs, shifted his practice to Humansville, and then moved on.

Humansville has been jinxed even more cruelly in hospital care. About 1971, a firm proposed building a hospital and nursing home in Humansville. A meeting was called, and the entire town turned out to support the proposal. But the Missouri Health Systems Agency vetoed it on grounds that the area was not populous enough to support such a large facility.

The existing hospital, meantime, was limping financially. It was small and obsolete, having been built for the town in 1930 by a native son who prospered as a founder of what became the J.C. Penney department stores. During the frequent periods when Humansville was without a physician, the hospital was without patients. The facility finally came under the stewardship of an operator who told the townspeople of his skill in winning Government grants. While waiting for these promises to be fulfilled, the public was asked to donate money for a sprinkler system; without it State authorities would close the hospital. Residents donated \$27,000, a staggering sum for a town that size. The sprinklers were installed and some grants were awarded; but the operator nevertheless declared bankruptcy, closed the hospital, and left town.

Understandably, a town responds to such experiences with a beaten feeling and a willingness to grasp at straws. Jim May had the job of find-

ing a physician for Humansville, and he was determined not to settle for inferior care. He reached agreement with a Corps physician, but broke it off when the young man refused to live in Humansville; May insists that a physician practicing community medicine should live in the community.

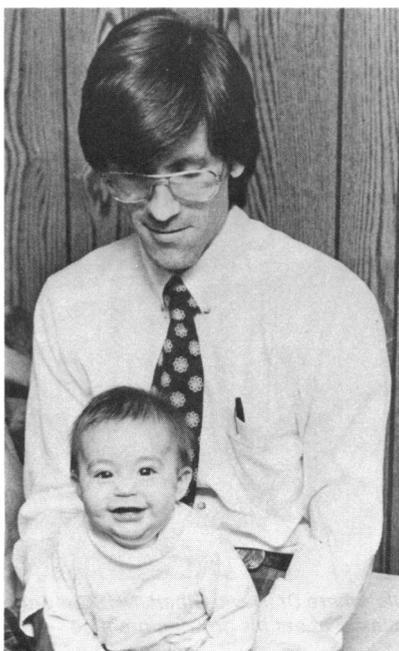
When a middle-aged physician next applied for the job, Humansville representatives on the Osage Prairie board demanded that he be hired, spotty references notwithstanding. Most doctors build a practice, but this one peaked in the first month. The number of patients declined steadily, finally dwindling to two or three a day. After 4 months, May rolled into the physician's office one winter day, fired him, and held his breath, awaiting the local reaction. To May's relief, most of it was favorable.

"To me, it shows that they're going to provide quality care," said Carroll Piper who, with his wife, Sharon, publishes the weekly Humansville Star-Leader.

The real test, May knew, would be the reception given the next physician to come to Humansville. Would people be down on a physician associated with the Osage Prairie Project? This ticklish assignment went to Dr. Williamson, the Corps physician from Nebraska, who began dividing his days between Humansville and the Hickory County clinic. Fortunately for all, Williamson is the kind of person you would trust to cure your mother, deliver your baby, and hold your wallet.

Within a week of opening in Humansville, mornings only, he was seeing a dozen or so patients a day, while seeing another dozen at Hickory County, despite reduced hours there.

Williamson and the Corps were a good match, made for one another. He had needed money to get through medical school, and he wanted to practice in a rural area.



Dr. Blake Williamson holds daughter Kara. Terri Williamson (right), who grew up in cities, was apprehensive about moving to Hickory County

His wife, Terri, was apprehensive about Hickory County. She had grown up in cities — St. Louis, Denver, Omaha, and Springfield, Mo. — and was teaching school in Omaha when she met Williamson, then a medical student. They married during his last year of medical school, and their daughter, Kara, was born 2 months before their move to Missouri.

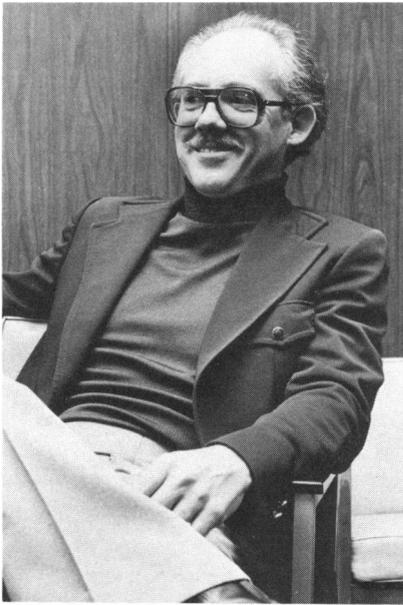
The address of the Hickory County clinic is Galmey, Mo. There is no town in sight, but 4,500 people live within 4 miles of the clinic, which is located on a country road, only a half-mile from Lake Pomme de Terre. The Williamsons set up house in a mobile home screened by trees from the clinic, but less than 200 yards away. Terri strolls over occasionally to give Blake a few minutes with the baby, and Blake has been known to walk home for a cup of coffee between patients. It is, to say the least, a homey, old-fashioned setup. Both the Williamsons like it and may stay. They drive 50 miles to Springfield once a week to shop, eat out, or visit Terri's old friends from high school, but much

of their social life is with others on the Osage Prairie staff.

On a typical weekday, Williamson leaves home about 7:30 a.m. and drives the 25 miles to Osceola for hospital rounds. The next stop is Humansville, an 18-mile drive, then 20 miles to Galmey for lunch at home and an afternoon in the clinic. "The miles sound like a lot, but it adds up to the same amount of time I'd spend commuting in a city," Williamson says. He is usually home by 5:30 or 6 p.m. Night calls are infrequent and, when they come, the clinic is 5 minutes away by foot.

Dr. Williamson makes no bones about the amount of medical knowledge he has acquired on the job. He consults by phone with Dr. Magee, who doubles as medical director for the Osage Prairie Project, or with Dr. Morton, or with Dr. Greg Unruh or Dr. Jacques Reynolds, two young doctors of osteopathy who were hired by Jim May and practice together in El Dorado Springs.

Most times, the advice confirms Dr. Williamson's own diagnosis. When a woman recently com-



Psychologist Fred M. Banks provides mental health services for patients of the Osage Prairie Integrated Rural Health Project

plained of persistent pain in one breast, the result of an accident 2 weeks before, Dr. Williamson believed that heat and aspirin were called for. To make sure, he consulted Dr. Morton, who agreed. In another instance, a flooring man came in with a badly cut hand, sustained on the job. The tendon was not severed, but the tendon sheath was; Dr. Williamson called Dr. Magee. "He told me to put a couple of stitches in, which was what I had planned to do," Dr. Williamson recalls.

Like Dr. Ehlert, Dr. Williamson has found that some patients need coaxing. A butcher-plant worker recently had a bad abdominal wound, caused by an errant boning knife. The patient sipped a Pepsi and smoked a cigarette while Dr. Williamson examined him, and brushed aside the physician's recommendation that he check into the hospital at El Dorado Springs. "I always follow my feelings," the man told Dr. Williamson, "and my feelings tell me I don't have to go in." Although only half the age of his patient, Dr. Williamson summoned a

stern bedside voice and told the man that he might die unless he received hospital treatment. The patient surrendered and went to the hospital, where his wound was diagnosed as not critical.

"After interning in Boston, I came here well prepared on acute cardiac arrests," says Dr. Williamson wryly, "but that's not the kind of thing people come in here with." Instead, Terri says, kids come in from the lake with fishhooks in their fingers. Dr. Magee talked Dr. Williamson through his first fishhook extraction.

That's all very Mark Twainish, but in fact rural adolescents are not so different from city kids. In November 1978, just 2 months after Williamson started practice, a 13-year-old girl with a vacant expression was brought in by a friend. "She took about 15 pills," the friend reported. Later that day, a boy who had also overdosed was brought in. Williamson could not tell what he had taken. After the children's blood was sampled and their stomachs pumped at the hospital in Osceola, Williamson concluded that they had swallowed an assortment of tranquilizers, heart pills, and antibiotics, among other medications.

The two incidents were unrelated to one another, Williamson discovered, but they indicated that experimenting with drugs might be a spreading fashion. With the support of the Osage Prairie staff, Williamson met with school officials and started an educational program on drug abuse. He also joined with the local Lions Club in a project to test adults for diabetes and hypertension. Williamson is not much for philosophizing, but he does acknowledge a growing interest in this kind of community medicine. "The Corps inspired me a bit, and the group of doctors I'm with (Osage Prairie) is pushing for that kind of thing," he says.

May believes that a physician's

time is best spent caring for patients, so he shifts as much of the community work as he can to other shoulders. Ranney, the former social worker, handles much of it. The psychologist works with all the Osage Prairie physicians. May himself is involved in everything, and makes sure that he, Kay Forest, and other office staffers stay ahead of administrative problems that otherwise might land on the physicians.

This group effort gives medical practice with the Osage Prairie project many of the benefits, for both physician and patient, that can usually be found only in a city. It also gives May a leg up on other rural areas in the recruiting of physicians and allows him to be selective — a luxury that few rural communities can afford. Although willing to consider older practitioners, he looks for physicians just finishing their internship or residency. Dr. Williamson and Dr. Ehlert were the only Corps members in the Osage Prairie group, but May hopes to find more. The project's emphasis on youth gives Corps practitioners the same status and responsibility as the other physicians, while affording them plenty of peer counsel.

But the life is decidedly rural. If you yearn for discos, museums and boutiques, it is not your kind of place. If you prefer catfish, canoeing and open countryside, it might just be. May's wife, Dixie, could show you how to barrel ride, rodeo style; she does it in competitive horse shows. There is no symphony orchestra, but the folks do make music. Bob Ranney leads with a guitar, Dave Ehlert picks the five-string banjo, and two of Ehlert's neighbors play the fiddle and harmonica, respectively. Blake Williamson is threatening to take up some kind of mouth organ, and they're all glad to have you sing along. It sure feels good, especially after a milkshake, made with real ice cream, down at Cooper's.